



Texas Department of Insurance

Division of Workers' Compensation

Medical Fee Dispute Resolution, MS-48

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MEDICAL FEE DISPUTE RESOLUTION FINDINGS AND DECISION

GENERAL INFORMATION

Requestor Name

Elite Healthcare Fort Worth

Respondent Name

Illinois National Insurance Co

MFDR Tracking Number

M4-15-0936-01

Carrier's Austin Representative

Box Number 19

MFDR Date Received

November 17, 2014

REQUESTOR'S POSITION SUMMARY

Requestor's Position Summary: "This claim is a follow-up PT visit with the same Physical Therapist."

Amount in Dispute: \$65.67

RESPONDENT'S POSITION SUMMARY

Respondent's Position Summary: "Subject to further review, the carrier asserts that it has paid according to applicable fee guidelines and challenges whether the disputed charges are consistent with applicable fee guidelines."

Response Submitted by: Flahive, Ogden & Latson

SUMMARY OF FINDINGS

Dates of Service	Disputed Services	Amount In Dispute	Amount Due
August 14, 2014	97002	\$65.67	\$63.42

FINDINGS AND DECISION

This medical fee dispute is decided pursuant to Texas Labor Code §413.031 and all applicable, adopted rules of the Texas Department of Insurance, Division of Workers' Compensation.

Background

1. 28 Texas Administrative Code §133.307 sets out the procedures for resolving medical fee disputes.
2. 28 Texas Administrative Code §134.203 sets out reimbursement guidelines for professional medical services.
3. Texas Administrative Code Title 22 Examining Boards, Part 3 Texas Board Of Chiropractic Examiners, Chapter 78 Rules Of Practice, Rule §78.13 details scope of practice for Chiropractors in Texas.
4. The services in dispute were reduced/denied by the respondent with the following reason codes:
 - OT – A procedure has been billed which is out of the scope of practice for this provider
 - T193 – No additional reimbursement allowed after review of appeal/reconsideration

Issues

1. Are disputes services performed within scope of practice of name health care provider?
2. What is the applicable rule pertaining to disputed services?

3. Is the requestor entitled to reimbursement?

Findings

1. The carrier denied the disputed service as OT – “A procedure has been billed which is out of the scope of practice for this provider.” Texas Administrative Code 22 §78.13 states in pertinent part, “(e) Treatment Procedures and Services. (1) In the practice of chiropractic, licensees recommend, perform or oversee the performance of the treatment procedures that are indicated in the therapeutic care of a patient or patient population in order to: (A) Improve, correct, or optimize the biomechanical condition of the spine or musculoskeletal system of the human body including, but not limited to, the following: (i) the health and integrity of the structures of the musculoskeletal system; and (ii) the coordination, balance, efficiency, strength, conditioning, and functional health and integrity of the musculoskeletal system; (B) Promote the healing of, recovery from, or prevent the development or deterioration of abnormalities of the biomechanical condition of the spine or musculoskeletal system of the human body including, but not limited to, the following: (i) the structural pathology, functional pathology, or other abnormality of the musculoskeletal system; (ii) the effects and complicating factors of any structural pathology, functional pathology, or other abnormality of the musculoskeletal system; (iii) the etiology of any structural pathology, functional pathology, or other abnormality of the musculoskeletal system; and (iv) the effect of any structural pathology, functional pathology, or other abnormality of the musculoskeletal system on the health of an individual patient or population of patients; and (C) Promote the healing of, recovery from, or prevent the development or deterioration of a subluxation complex of the spine or musculoskeletal system, including, but not limited to, the following: (i) the structural pathology, functional pathology, or other abnormality of a subluxation complex; (ii) the effects and complicating factors of any structural pathology, functional pathology, or other abnormality of a subluxation complex; (iii) the etiology of any structural pathology, functional pathology, or other abnormality of a subluxation complex; and (iv) the effect of any structural pathology, functional pathology, or other abnormality of a subluxation complex on the health of an individual patient or population of patients. (2) In order to provide therapeutic care for a patient or patient population, licensees are authorized to use: (A) osseous and soft tissue adjustment and manipulative techniques; (B) physical and rehabilitative procedures and modalities; (C) acupuncture and other reflex techniques; (D) exercise therapy;” The submitted code is described as, “97002 – Physical therapy re-evaluation.” As physical and rehabilitative procedures and modalities are allowed to be performed by Chiropractors, the Carrier’s denial is not supported. Therefore, the disputed services will be reviewed per applicable rules and fee guidelines.
2. Per 28 Texas Administrative Code §134.203 (c) states in pertinent part, “To determine the MAR for professional services, system participants shall apply the Medicare payment policies with minimal modifications. (1) For service categories of Evaluation & Management, General Medicine, Physical Medicine and Rehabilitation, Radiology, Pathology, Anesthesia, and Surgery when performed in an office setting, the established conversion factor to be applied is (date of service yearly conversion factor).” The Maximum Allowable Reimbursement is calculated as follows; $DWC \text{ Conversion Factor} / Medicare \text{ Conversion Factor} \times Participating \text{ Amount}$ or $(55.75 / 35.8228) \times 40.75 = \63.42 .
3. The total MAR for the reviewed services is \$63.42. The Carrier previously paid \$0.00. The remaining balance of \$63.42 is due to requestor.

Conclusion

For the reasons stated above, the Division finds that the requestor has established that additional reimbursement is due. As a result, the amount ordered is \$63.42.

ORDER

Based upon the documentation submitted by the parties and in accordance with the provisions of Texas Labor Code Sections 413.031 and 413.019 (if applicable), the Division has determined that the requestor is entitled to additional reimbursement for the services involved in this dispute. The Division hereby ORDERS the respondent to remit to the requestor the amount of \$63.42 plus applicable accrued interest per 28 Texas Administrative Code §134.130 due within 30 days of receipt of this Order.

Authorized Signature

Signature

Medical Fee Dispute Resolution Officer

March 9, 2015
Date

YOUR RIGHT TO APPEAL

Either party to this medical fee dispute has a right to seek review of this decision in accordance with 28 Texas Administrative Code §133.307, effective May 31, 2012, 37 *Texas Register* 3833, **applicable to disputes filed on or after June 1, 2012.**

A party seeking review must submit a **Request to Schedule a Benefit Review Conference to Appeal a Medical Fee Dispute Decision** (form **DWC045M**) in accordance with the instructions on the form. The request must be received by the Division within **twenty** days of your receipt of this decision. The request may be faxed, mailed or personally delivered to the Division using the contact information listed on the form or to the field office handling the claim.

The party seeking review of the MDR decision shall deliver a copy of the request to all other parties involved in the dispute at the same time the request is filed with the Division. **Please include a copy of the *Medical Fee Dispute Resolution Findings and Decision*** together with any other required information specified in 28 Texas Administrative Code §141.1(d).

Si prefiere hablar con una persona en español acerca de ésta correspondencia, favor de llamar a 512-804-4812.